

**NATIONAL WILDFIRE COORDINATING GROUP (NWCG) HANDBOOK 2
ROCKY MOUNTAIN COORDINATING GROUP**

NATIONAL WILDFIRE COORDINATING GROUP (NWCG) HANDBOOK 2

INTERAGENCY INCIDENT BUSINESS MANAGEMENT HANDBOOK

APPENDIX B- TOOL KIT

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Approved:


Rocky Mountain Coordinating Group

Posting Instructions: Supplements are numbered consecutively by Handbook number and calendar year. Post by document; remove entire document and replace with this supplement. Retain this transmittal as the first page of this document.

New Document(s):	NWCG HB2_APPENDIX B	6 Pages
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Digest:

Add supplements to Appendix B- Tool Kit.

Appendix B.1- Time Unit Procedure Checklist

Appendix B.2- Equipment Time Procedure Checklist

Appendix B.3 – Claim Matrix

**INTERAGENCY INCIDENT BUSINESS MANAGEMENT HANDBOOK
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APPENDIX B.1-Time Unit Procedure Checklist

PRIOR TO POSTING ANY TIME: Audit initial data entry in I-Suite (or OF-288 header, if hard copy). Compare to check in sheet if available.

Verify spelling of name. If more than one person with same name is on incident, verify the correct record.

Casual/ADs

Verify position and corresponding pay rate assigned on current incident.

- Single Resource Casual Hire Form, Crew roster or Manifest provided and included in finance file.
- Verify mailing address, including zip code, for Casual
- Verify mnemonic of position
- Verify Incident Name, Incident Number, Accounting Code
- Verify Resource Order number
- Verify that Casual is selected in Block 4
- Verify hiring federal agency
- SSN for Casual

As Crew Time Reports are submitted: Audit each CTR

- All header information present, especially Fire Name, Fire Number, Crew Name, and Crew Number/Resource Order number
- Current date or dates are present
- Hours do not duplicate or have gaps that are not accounted for
- Travel time should be broken out on CTR
- Travel time is not compensable for local resources.
- Hours are totaled for each calendar day or operational period

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- Hazard pay or environmental differential is documented in Remarks block with type of hazard exposed to or qualifying assignment noted
- Compensable meal break is documented in Remarks block
- Hours worked over maximum shift length signed by supervisor with reason for excess and planned mitigation
- Verify mitigation occurred on following CTR. If not, notify Time Unit Leader or FSC
- Breaks in time due to injury treatment, unable to work, or light duty are noted in Remarks
- Signature by supervisor – legible, and not someone whose time is on CTR

ANYTHING that is missing or unclear, return the CTR to the individual (or supervisor) to correct. DO NOT WRITE ON CTR OR CORRECT IT FOR THEM.

Auditing OF-288s (continuous throughout incident):

- Print draft OF-288 for audit
- Verify accurate posting of dates & times
- Verify Hazard or Environmental Differential, Travel, Days Off, and COP
- Verify total on shift hours and post Guarantee where applicable
- Verify accurate posting of all commissary deductions
- Verify accurate posting of AD travel expenses
- Initial and date each line of time as audit is completed
- If errors are found, fix them and notify Time Unit Leader

Checklist for Emergency Firefighter Time Reports (OF-288s) Prior to Demob

- Print previously audited draft OF-288s for Crew Boss to review
- Verify all data again
- Are there any duplicate or missing dates?
- Is there any missing Hazard or Environmental differential?

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- Have all the crew time reports been turned in and posted?
- Have all the commissary issues been posted? Do they add up correctly?
- AD return travel time must be closed out. Travel time back to the point of hire has been authorized, agreed upon, and posted
- Have all questions regarding hour discrepancy been settled?
- Is the resource travelling home or being reassigned? If reassigned, close out OF-288 without travel time.

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APPENDIX B.2-Equipment Time Procedure Checklist

PRIOR TO POSTING ANY TIME: Audit initial data entry in I-Suite (or OF-286 header, if hard copy). Compare to check in sheet if available.

Initial Equipment File Set Up

1. Read Agreement
 - a. Obtain **full** copy of agreement from resource
 - b. Verify agreement dates
 - i. If agreement is expired, refer equipment resource to supervisor
 - c. Verify agreement signatures
 - i. If agreement is not signed, refer equipment resource to supervisor
 - d. Collect Pre-Use Inspection form for rate and vehicle verification
 - e. Highlight rate for ordered piece of equipment
2. Prepare Equipment Envelope
 - a. Note Resource order number on front of envelope
 - b. Note Fire Name and Number on front of envelope
 - c. Additional items to be included in Equipment Envelope
 - i. Resource Order Copy
 - ii. Evaluation
3. IIBMH References
 - a. Contract Equipment - Read applicable sections IIBMH, Ch. 20
 - b. Cooperator or State Equipment - Read applicable sections IIBMH, Ch. 50
4. Determine Pay Provisions
 - a. Daily/hourly/mileage
 - b. Single shift/double shift based on resource order
 - c. Guarantee – first/last day, does it apply?
 - d. Meal Breaks – Per agreement
 - e. Wet or Dry? What it is? – refer to IIBMH, Ch. 20-3
5. DETERMINE PAYMENT OFFICE
 - a. Jurisdictional agency payment office is designated by the Administrative Officer, Incident IBA
 - b. IIBMH, Ch. 20-25

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Auditing OF-286s (continuous throughout incident):

- Print draft OF-286 for audit
- Verify accurate posting of dates & times
- Verify accurate rates from agreement
- Verify Travel and Days Off
- Verify total on shift hours and post Guarantee where applicable
- Verify accurate posting of all commissary deductions
- Verify accurate posting of all fuel and service deductions
- Initial and date each line of time as audit is completed
- If errors are found, fix them and notify supervisor
- Verify operator hours worked if applicable
- Interim payments may be made as determined by incident agency

Demobilization:

- Prepare Draft invoice for review
- Record final shift ticket with return travel if applicable. No return travel charged to incident if reassigned
- Obtain Post-Use Equipment Inspection
- Prepare Final invoice for signature
- Sign, distribute copies according to agreement
 - Cooperators take originals home
 - Contractors take copies home and originals remain with Incident Agency for payment
- Initial Demobilization Checklist (ICS-221)

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- Designate Equipment Envelope as ready to pay (if USFS, submit payment documents to ASC B&F IF) or incident agency file copy
- File copy in finance package
- Transmit documents to pay to incident agency and file incident agency file copies according to IIBMH, chapter 40

NOTE: A shift ticket must be submitted for all vehicles/equipment - contractor, cooperator, state, county, federal agency, and POV. Submission frequency may vary; however a minimum of one shift ticket per incident will be retained in the incident finance package.

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 Appendix B.3 - Claim Matrix

ROCKY MOUNTAIN AREA CLAIM MATRIX

Common Claim Examples	Employee Claim for Loss or Damage to Personal Property, AD-382 or DI-570	Motor Vehicle Accident Report, SF-91	Statement of Witness, SF-94	Claim for Damage, Injury or Death, SF-95	Fire Property Loss or Damage Report, OF-289
Federal Employees Personal Property	Should be completed for all Employee Claims for personal property loss or damage.				
State Employees Personal Property	The state may have their own form or process, but either of these forms may be used to formally begin the claim process.				
Contractor Equipment or Property			Statement of Witness form may be completed for vehicle accidents and other property loss or damage.		
Private Land Owner Property Damage				Claim for Damage form should be completed by private property owners to start the process of filing either a Tort or Non-Tort Claim.	
POV Damage - Responsibility of vehicle owner and personal insurance company.		Motor Vehicle Accident Report form should be completed for all vehicle accidents for documentation of accident.	Optional Form: Statement of Witness form may be completed for vehicle accidents and other property loss or damage.		
Cooperator/ Local Govt. Vehicle Damage			Statement of Witness form may be completed for vehicle accidents and other property loss or damage.		Form should be completed at incident. Repair or replacement of damage per State and/or local guidelines.
Rental Vehicle Damage		Motor Vehicle Accident Report form should be completed for all vehicle accidents for documentation of accident.	Statement of Witness form may be completed for vehicle accidents and other property loss or damage.		Form should be completed at incident.
Federal Equipment/Vehicle Damage			Statement of Witness form may be completed for vehicle accidents and other property loss or damage.		Form should be completed at incident.